

(1) PLACE OF BIRTH

County of Anderson Co. S.C.
Township of Parkers Creekor
Inc. Town of
orCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Archie J. reg. Turner ... { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 12, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME G. B. Turner(9) PRESENT POSTOFFICE OF FATHER Millmon's Ford(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Parkers C. S.C.(13) OCCUPATION Turner(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Moser(15) PRESENT POSTOFFICE OF MOTHER Millmon's Ford #2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Oconnee C. S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Bethie H. Turner
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....
..... Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 17, 1916 (28) W. T. Watson Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

File No.—For State Registrar Only
62988MAKING SEPARATE REPORTS FOR TWINS, TRIPLETS, ETC., IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
WRITER PLAINLY, WITH UNFADING INK—FILL IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
Cav. of Columbia